STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions

COMPUTER ACCESS REQUEST

The provision of your social security number (SSN) is voluntary. Failure to provide your social security number will result in not receiving requested security access.

Any screen or printout displaying names and SSNs contains confidential information that must be secured.

Note: To indicate access **changes** for CARES or KIDS supplemental form (DWSW-11-E) instead of this form.

Please check one or more of the checkboxes below:

☐ Person is requesting a new State Logon ID and does not currently have one for the local agency or tribe

☐ Person has a change in name, phone number or SSN

☐ Person's access to an application should be:
  ☐ added (use line 16)
  ☐ removed (use line 19)

User please fill in the following information: ☐ Person's user ID should be deleted

1. ID (not required for new ID)	2. Employer Name		3. Private Employer ☐ Yes ☐ No
4. Name	5. E-mail Address	6. Work Phone Number ( )	7. SSN
8. Mother's Maiden Name	9. Agency Name	10. Agency Address	
11. County/Tribal or District WDA	12. KIDS FIPS Code	13. Supervisor Name	14. Supervisor Phone Number ( )

15. Agency Type   ☐ IM/ES   ☐ W2   ☐ W2 Service Provider   ☐ Social Services   ☐ Job Service   ☐ Workforce Development Board   ☐ Other (Specify)

16. Choose the System(s) for which access should be ADDED: (* Requires DWD WI Logon ID for DWD partner staff)
(** If requesting EOS, CARES or KIDS, please attach DWSW-11-E)
(*** Requires a WAMS WI User ID Account)

☐ CARES**   ☐ CRED BUR   ☐ KIDS**   ☐ HOD***   ☐ ASSET* (Check one box below only)
☐ EOS**   ☐ CMDR*   ☐ ERS*   ☐ WJOS*   ☐ CASE MANAGER   ☐ VIEWER
☐ EXTRANET*   ☐ DOT   ☐ Other_____   ☐ RECEPTIONIST

17. HOD WAMS WI User ID: _____   **DWD WI Logon ID**: _____

18. If you work at a Job Center, what is your Job Center Office number? _____

19. Choose the System(s) for which access should be REMOVED:

☐ CARES   ☐ CRED BUR   ☐ KIDS   ☐ HOD   ☐ ASSET   ☐ DOT
☐ EOS   ☐ CMDR   ☐ ERS   ☐ WJOS   ☐ EXTRANET   ☐ Other _____

Read carefully before signing this Operator Security Acknowledgment

I recognize and understand that data and its information content is a DWD asset which is required to be safeguarded in accordance with the DWD Policy Manual – Sec. 510 and WI Statutes 49.81, 49.83, 108.24 and 943.70 http://dwdworkweb/dwdpolicy/510.htm

1. DWD policy provides that: (a) all passwords related to the legitimate access to data are personal to the operator authorized to access data and must be kept CONFIDENTIAL; (b) permitting another to use such password to gain access to data is expressly prohibited, and (c) an operator should never leave a workstation unattended without first terminating or locking their session.

2. A breach of DWD policy constitutes a security violation and may subject the operator to disciplinary action when circumstances warrant it. Any operator who knows of actual or attempted violations should notify their supervisor.

User Signature	Date Signed	Supervisor/FASL Signature	Date Signed
Agency Security Officer Signature	Date Signed	State Security Officer Signature	Date Signed
Agency Security Officer Phone ( )	Agency Security Officer Fax ( )	Password For Password, call (608) 261-6827	

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COMPLETION INSTRUCTIONS

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DWS Security FAX number (608) 267-0484.

IF DWSW-10-E IS FAXED IN, PLEASE <u>DO NOT</u> MAIL.

Local agency staff needing access to any of the state's automated data systems owned by the Division of Workforce Solutions should do the following, with the assistance of his or her supervisor:

1. Check the appropriate box at the top of the form.

2. Complete items 2 through 12. Item 11 will be the 2 digit number for the county or tribe (in Milwaukee County, include region number, *e.g., 40-1*). For access other than CARES or KIDS, enter the Job Service District or WDA. Item 12 only needs to be included if KIDS access is being requested. If the user is not employed by the authorizing agency in item 9, enter employer name in item 2. If employer is a private company, check yes in item 3. *(For new users, item 1 should be left blank.)*

3. The user should read the entire form and pay particular attention to the paragraph preceding the signature block. *(When action is taken, a copy of this form will be returned to the security officer. Copies of state statutes and DWD security policy will be attached to approved applications and should be distributed to the user.*

4. The user must sign and enter the current date in the section of the signature block labeled "user's signature".

The supervisor should complete items 13 through 18 *(For new users, item 19 is not relevant).* If the agency finds it useful, the supervisor can sign the form in the box labeled "Supervisor/FASL Signature". Please specify ASSET security level when requesting ASSET. When requesting HOD, requester must go to the https://on.wisconsin.gov/wimap/selfreg/WAMS.jsp to create Logon id and Password. Step-by-step instructions can be found on the website. Systems listed in item 16 marked by a single asterisk require a DWD WI Logon ID and user must go to https://www.dwd.state.wi.us/accountmanagement to create a Logon ID and Password.

The functional agency security liaison (FASL) should assist supervisors in determining which systems to choose (item 14) for a particular user. The Supervisor should sign the form and submit it to the local agency Security Officer for their signature.

The local agency's Security Officer should complete ALL the information on the bottom of the form that is labeled "Agency Security Officer" (i.e., signature, phone, and fax) and submit it to the DWS Security Unit. **DWS staff only,** need to complete a BITS-7712-E (http://dwdworkweb/notespub/formrepo/225a_142.htm), if LAN, PTA, or HRS access is being requested. The front and back of this form must be submitted with the DWSW-10-E.

The DWS Security Officer approves or denies the request and enters the proper information into the computer. The User/Logon ID will be written in item 1. If the request is denied, DWS will return the form to the Agency Security Officer with the reason for denial.

If access for CARES or KIDS is desired, the appropriate supplemental form must be completed and attached.

Instructions for Changes

Use this form to change a user's name, telephone number, or SSN or to request additional access for a user or to remove a user's access from an application for which they no longer need access. To make changes to the type of access within CARES or KIDS, use the appropriate supplemental form instead of this form.

When using this form for changes, check the box that says "person's access to an application should be added or removed" (check one) or the box that says, "person has a change in name, phone number or SSN." On some occasions both of these boxes will need to be checked. Then complete items 1 and 4 and the changed information. If this is for a name change, complete item 4 with the old name followed by a "/" and then the new name. If application systems should be added, check the appropriate systems in item 16. Current access will be retained unless it is checked in item 19. If application systems should be removed, check appropriate systems in item 19. Change requests must be signed by the user and the local agency Security Officer.

Instructions for Deletions

To delete an ID the Supervisor or the local agency Security Officer should check the deletion box at the top of the form and fill in items 1 and 4. The form should then be signed by the local agency Security Officer. If the user had access to KIDS also include item 12 (FIPS code). The form should then be signed by the local agency Security Officer.

Return to Local Agencies

After processing, and signing the DWSW-10-E form, the DWS Security Officer will send confirmation via e-mail to the user's e-mail address listed in Item 5 along with electronic copies of the State Statutes and Computer Security Policy. The user will need to call the Security Help Desk (608) 261-6827 to obtain their initial password.

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REMEMBER - DO NOT SHARE YOUR PASSWORD WITH ANYONE!

DO NOT WRITE IT DOWN OR POST IT <u>ANYWHERE</u> WHERE OTHERS CAN SEE IT.

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